SUBJECT: (Optional)				
FROM:		EXTENSION NO.		
7D-18 Hqs.			OFFICER'S INITIALS	DATE 16 July 1981  COMMENTS (Number each camment to show from whom to whom. Drow o line across column ofter each camment.)
TO: (Officer designation, room number, and building)	ignation, room number, ond DATE  RECEIVED FORWAR			
1. AD/OMS 1D-4054	7/16	181	on	<pre>1 - Please review the attached response from the DDO relevant to the IG inspection of OMS and provide recommendation to DDA re his concurrence.</pre>
2. E0/00A		67	gur	
3. ADDA 4.	7-	17	#/	33.7 (3.11.3 33.134.7 6.1.363
4.				C
5.				
6.				Acting Director of Medical Gervices
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12.				
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15.				

FORM 610 USE PREVIOUS EDITIONS

Approved For Release 2003/08/13 : CIA-RDP84B00890R000500010043-7